

Unannounced Care Inspection Report

11 July 2016



Parkanaur College

Type of Service: Residential Care Home

Address: 57 Parkanaur Road, Dungannon, BT70 3AA

Tel No: 028 8776 1272

Inspectors: Laura O'Hanlon and John McAuley

1.0 Summary

An unannounced inspection of Parkanaur College took place on 11 July 2016 from 11.00 to 15.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

In addition this inspection was undertaken as a result of whistleblowing information received by RQIA in regard to the reporting of accidents and incidents and induction programmes for new staff members.

Is care safe?

Two areas for improvement were identified. A requirement was made to review the cleaning arrangements in the kitchen area to ensure that high level cleaning is undertaken in a safe manner.

A recommendation was made to review the policy on admissions to the home.

Is care effective?

Two areas for improvement were identified. A requirement was made to ensure that care records contain an up to date assessment of need. A second requirement was made to ensure that comprehensive care plans and risk assessments are devised which provide clear guidance for staff. The care plans and risk assessments should reflect liaison with the relevant Health and Social Care Trust and should be reviewed no less than annually.

Is care compassionate?

There were no areas for improvement identified within this domain. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents

Is the service well led?

One area for improvement was identified in relation to ensuring that the hours worked by the registered manager are recorded on the duty rota.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Waldemar Mietlicki, acting registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Thomas Doran Trust Wilfred Johnston Mitchell	Registered manager: Waldemar Mietlicki
Person in charge of the home at the time of inspection: Waldemar Mietlicki	Date manager registered: Acting manager
Categories of care: MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 24
Weekly tariffs at time of inspection: £540	Number of residents accommodated at the time of inspection: 23

3.0 Methods/processes

Prior to inspection we analysed the following records: whistle-blower information, the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspectors met with approximately 20 residents, two relatives, two care assistants and the acting registered manager.

Five resident views, three representative views and five staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota
- Record of a completed induction programme
- A staff competency and capability assessment
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 June 2016

The most recent inspection of the home was an announced estates inspection. This report is currently in the process of completion by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 12 February 2016	<p>The registered person must address the issue of staffing at weekends to ensure that there are sufficient staff on duty in accordance with the size and layout of the home and the fire safety requirements</p> <p>Action taken as confirmed during the inspection: The staffing levels have been reviewed accordingly, as confirmed by inspection of the duty rota and discussions with staff.</p>	Met
Requirement 2 Ref: Regulation 19 (1) (a) Stated: First time To be completed by: 11 March 2016	<p>The registered person must ensure that the care records contain a recent photograph of the resident.</p> <p>Action taken as confirmed during the inspection: An inspection of a sample of three residents' care records confirmed these to contain a recent photograph.</p>	

Requirement 3 Ref: Regulation 27 (4) (d) Stated: First time To be completed by: 18 February 2016	The registered person must ensure that the practice of permanently securing the laundry door is ceased. This needs to be in consultation with the home's fire safety risk assessor. Action taken as confirmed during the inspection: This practice has ceased.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28.3 Stated: First time To be completed by: 11 March 2016	The registered person should ensure that the on call contact arrangements are reviewed so that the contact number is easily accessible for staff and that the telephone signal is improved within the home. Action taken as confirmed during the inspection: This provision has been reviewed and contact arrangements have been improved.	Met
Recommendation 2 Ref: Standard 28.3 Stated: First time To be completed by: 18 February 2016	The registered person should ensure the torch within the home is in working order. Action taken as confirmed during the inspection: The torch(s) are now reported to be in working order.	Met

4.3 Is care safe?

The acting registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. The staff commented positively on the increased staffing levels.

During the inspection 11 new residents were admitted to the home for respite. Whilst the staff reported no concerns regarding the staffing levels; they acknowledged this was an extremely busy period. Our observations during the inspection validated this. Four staff members were dedicated to individual permanent residents which left two staff members to manage the new admissions to the home. The workload in managing this was considered as excessive. A recommendation was made to review the policy on admissions to the home, in consultation with staff. Such review should address this excessive workload associated with the number of admissions.

On the day of inspection the following staff were on duty:

- Six residential workers
- Two residential workers on induction
- One member of the domestic staff
- One cook
- The acting registered manager

Review of a completed induction record and discussion with the acting registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The completed induction programme spanned over a period of one month. In addition to this the staff member is expected to complete a competency based handbook within the first six months to ensure that they are capable of undertaking the required duties.

The residential workers on induction reported that a planned induction period was in place which included mandatory training. The residential worker also confirmed that an Enhanced AccessNI check and two written references were provided prior to commencement of employment.

The acting registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessment found this to be satisfactory.

The acting registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. This was confirmed during an inspection of a care record for one of the new admissions to the home.

Care needs assessment and risk assessments had not been reviewed and updated on an annual basis. This is discussed in more detail within the next domain.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

A general inspection of the home was undertaken and the permanent residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Overall the home was clean and tidy. The general décor and furnishings were dated but fit for purpose.

An inspection of the kitchen area found that high level cleaning had not been undertaken and this may have contributed to an amount of flies in the kitchen area. A requirement was made to review the cleaning arrangements in the kitchen area and to ensure that high level cleaning is undertaken in a safe manner.

There were no obvious hazards to the health and safety of residents, visitors or staff. The acting registered manager confirmed that an estates inspection was completed in June 2016. The acting manager reported that the estates inspector had viewed the current laundry arrangements and the upholstery room and was satisfied with this.

The acting registered manager reported that the home had a fire safety risk assessment completed in June 2016 and that they were awaiting the report of this.

Areas for improvement

Two areas for improvement were identified. A requirement was made to review the cleaning arrangements in the kitchen area and to ensure that high level cleaning is undertaken in a safe manner.

A recommendation was made to review the policy on admissions to the home, in consultation with staff.

Number of requirements	1	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the acting registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three residents' care records confirmed that these were maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. However two of the assessments contained in care records were not up to date and had not been reviewed on an up to date basis. A requirement was made to ensure that care records contain an up to date assessment of need.

Two of the care plans and risk assessments reviewed lacked sufficient detail to inform and direct staff as to the level of care required. Care plans did not have an up to date review. A requirement was made to ensure that comprehensive care plans and risk assessments are devised which provide clear guidance for staff. The care plans and risk assessments should reflect liaison with the relevant Health and Social Care Trust and should be reviewed on an up to date basis.

The acting registered manager acknowledged that the care records required updating and that he has already commenced this process within other care records.

The care records also reflected the multi-professional input into the resident's health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

Two areas for improvement were identified.

A requirement was made to ensure that care records contain an up to date assessment of need. A second requirement was made to ensure that comprehensive care plans and risk assessments are devised which provide clear guidance for staff. The care plans and risk assessments should reflect liaison with the relevant Health and Social Care Trust and should be reviewed on an up to date basis.

Number of requirements	2	Number of recommendations:	0
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4.5 Is care compassionate?

The acting registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents in accordance with their dependencies confirmed that they were happy with their life in the home and their relationship with staff. For those residents who were on respite they informed inspectors that they were happy about coming to the home and that they like the staff.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Two of the residents shared an example when were assisted to go out fishing last week. The residents reported that they enjoyed this activity. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The acting registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA. A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Discussion took place with the acting registered manager in regard to the two notifiable events referred to by the whistle-blower. In relation to one of the incidents it was reported to RQIA. With regard to the second incident the acting registered manager confirmed in accordance with RQIA guidance on reporting of accidents and incidents; this did not need to be reported and was managed appropriately.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of May and June's visits were inspected. These were recorded in detail with evidence of governance.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the acting registered manager identified that he had an understanding of his role and responsibilities under the legislation.

A review of the duty rota confirmed that the hours worked by the acting registered manager were not recorded. A requirement was made to address this.

The acting registered manager confirmed that there were effective working relationships with internal and external stakeholders. The acting registered manager confirmed and provided examples where staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area for improvement was identified in relation to ensuring that the hours worked by the acting registered manager are recorded on the duty rota.

Number of requirements	1	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Waldemar Mietlicki, acting registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2016</p>	<p>The registered provider must ensure a review of the cleaning arrangements in the kitchen area is undertaken to ensure that high level cleaning is undertaken in a safe manner.</p>
	<p>Response by registered provider detailing the actions taken: High level cleaning has been completed in the Kitchen.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2016</p>	<p>The registered provider must ensure that care records contain an up to date assessment of need.</p>
	<p>Response by registered provider detailing the actions taken: Currently all care records contain an up to date assessment of need.</p>
<p>Requirement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2016</p>	<p>The registered provider must ensure that comprehensive care plans and risk assessments are devised which provide clear guidance for staff. The care plans and risk assessments should reflect liaison with the relevant Health and Social Care Trust and must be reviewed on an up to date basis.</p>
	<p>Response by registered provider detailing the actions taken: Care plans and risk assessments have been updated appropriately to give staff a clear direction.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19 (2) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>The registered provider must ensure that the hours worked by the acting registered manager are recorded on the duty rota.</p>
	<p>Response by registered provider detailing the actions taken: Registered manager's hours are recorded on rota.</p>

Recommendations	
Recommendation 1	The registered provider should ensure a review of the policy on admissions to the home is undertaken.
Ref: Standard 21.5	
Stated: First time	Response by registered provider detailing the actions taken:
To be completed by: 31 August 2016	The Admission Policy have been reviewed and updated.

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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